Little Traverse Bay Bands of Odawa Indians Child Care Assistance Program
7500 Odawa Circle-Harbor Springs, MI 49740 Telephone: (231)242-1626 Fax: (231)242-1635

CHILD CARE RE-INSTATEMENT

PLEASE COMPLETE THIS FORM IF YOU RECEIVED CHILD CARE ASSISTANCE DURING FISCAL YEAR _____, BUT HAVE NOT ACTIVELY PARTICIPATED OR SUBMITTED DAY CARE TIME SHEETS WITHIN THE LAST 60 DAYS. IF HOUSEHOLD INFORMATION HAS CHANGED (EXAMPLE: EMPLOYMENT, PROVIDER, NAME CHANGE, ETC), YOU ARE REQUIRED TO COMPLETE AND ATTACH REQUIRED FORMS.

Date: _____

Name: _____
Address: _____
Apt. No.: _____
City/MI/ Zip _____
County: ☐Emmet ☐Charlevoix ☐Cheboygan

Tribal Affiliation _____
Enrollment No. _____ ☐
Date of Birth _____
Social Security # _____ ☐
Home Telephone _____
Work Telephone _____
Relationship to child/ren: ☐Parent ☐Foster Parent
If Foster Care, attach copy of Court Order Placement

Please complete if Mailing Address is different from Physical Address:

_____ Address

_____ City/State/Zip

VERIFICATION OF HOUSEHOLD INFORMATION

BRIEFLY DESCRIBE THE REASON FOR LAPSE IN DAY CARE PARTICIPATION:

HAVE ANY OF THE FOLLOWING CHANGES OCCURRED SINCE INITIAL APPLICATION: ***Please check all that apply and complete and attach a Change of Information Form AND/OR Provider Agreement with W-9.***

☐ Child Care Needs: ☐Add child _____ ☐Remove child _____

☐ Household Composition: ☐ Add member _____ ☐ Remove member _____

☐ Household Income: ☐ New Employer ☐ Wage Change ☐ Adjustment due to change in Household composition

☐ Child Care Provider: ☐ Yes ☐ No If yes, you are required to submit a New Provider Agreement and W-9 Form.

APPLICANT CERTIFICATION

I certify that all the answers given are true and complete. I further agree and understand that I will comply with program reporting requirements and terms agreed upon during initial certification. This certification is made with the knowledge that the information will be used to determine eligibility to receive LTBB Child Care Assistance. I agree to report all changes to my household composition and/or household income within 10 days of when the date of change occurred.

Signature _____ **Date** _____